

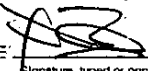
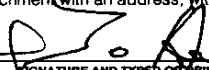


FILED
May 12, 2008 8:00 am
Secretary of State

[illegible]

DOCUMENT # N42717				Secretary of State	
1. Entity Name BROWARD COUNTY RIGHT TO LIFE, INC.				05-12-2008 90035 026 ****70.00	
Principal Place of Business 512 N.E. 26TH ST. FT. LAUDERDALE, FL 33305 US		Mailing Address 512 N.E. 26TH ST. FT. LAUDERDALE, FL 33305 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04302008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 23-7380518	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AMAN, JOHN 6300 NW 31ST TERRACE FORT LAUDERDALE, FL 33309			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D AMAN, JOHN 6300 NW 31ST TERRACE FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Samuel Kastensmidt 2940 N. Course Dr # 705 Pompano Beach, FL Director 33069	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D CAMPBELL, TOM 117 NW 24 STREET WILTOM MANORS, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D SULUVAN, NITA 4011 N. CYPRESS DR., BLDG. 83 APT. 205 POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D FADGEN, JERRY 7379 SW 9TH CT PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENDER, LAURA 6278 DUVAL DRIVE POMPANO BEACH, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLEARY, JAMES 650 SW 87 TERRACE PLANTATION, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4-30-08 954 563 5433		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		